

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

15CV2903

FRANCISCO FLORES  
Full name of plaintiff/prisoner ID# 349-17-09437

Plaintiff,

JURY DEMAND

YES \_\_\_\_\_ NO ☒

-against-

the City of New York  
New York City Dept. of  
Correction

Enter full names of defendants

[Make sure those listed above are  
identical to those listed in Part III.]

Defendants.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No ☒
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

2. Court (if federal court, name the district;  
if state court, name the county)

3. Docket Number: \_\_\_\_\_

RECEIVED  
SDNY PRO SE OFFICE  
2015 APR -8 A 11:57

4. Name of the Judge to whom case was assigned: \_\_\_\_\_

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: Rikers Island (AMPC) 1818 Hagen St., E. Elmhurst, NY 11770

A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ( )

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ☒ No ( )

C. If your answer is YES,

1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_  
\_\_\_\_\_

D. If your answer is NO, explain why not \_\_\_\_\_  
\_\_\_\_\_

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ( ) No ( )

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_  
\_\_\_\_\_

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff FRANCISCO FLORES  
Address AMHC, 18-18 HAZEN ST., E. ELMHURST, NY 11370

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

The City of New York  
City Hall  
New York, NY 10007

Defendant No. 2

New York City Dept. of Correction  
75-20 Astoria Boulevard  
E. ELMHURST, NY 11370

Defendant No. 3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 4

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 5

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

## IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

CLAIM #1: DENIAL OF Disability Accommodations

ON/ABOUT 1988 while on the sidewalk a drunk driver struck and hit me, as a result of wounds suffered by car accident my right leg had to be amputated just above the knee and, since 1990, I have been fitted for and I now walk with the aid of a prosthetic leg. Since 2012 I have been a detainee at Rikers Island awaiting trial on a criminal charge. Pursuant to the Americans w/ disabilities Act §504, since 8/2013 to the present I have made repeated requests of the medical staff at Rikers Island (AMHC) to be housed in a disability accessible cell but such requests have been either ignored or denied by both security or medical

continued on attached page

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Injuries Related to claims #1 & 2 stated below:

- 1- Severe pain in my right leg (stump area) due to walking with a broken leg.
- 2- 3 discs in lower back - damaged/injured
- 3- Poor prosthetic fitting causes me to frequently lose balance and fall down causing further injury to my stump.
- 4- Sustaining cuts/bruises to my groin area due to overgrowth of bone that is piercing through and protruding from the stump causing extreme irritation & discomfort

Civil Rights Complaint, Cont'd.  
 Southern District of New York  
 FRANCISCO FLORES, 349-13-09437  
 DATE: 3/23/15

Personnel employed by NYC Dept. of Correction (DOC), despite the fact that DOC HAS SUCH CELLS AND HOUSING FACILITY(S) AT THE Rikers Island North Infirmary Command (NIC), A MEDICAL FACILITY ON THE GROUNDS OF Rikers Island that HOUSES AND PROVIDES ACCOMMODATIONS FOR DETAINees WITH VARIOUS MEDICAL ISSUES, including MOBILITY Disabilities. AS OF THE DATE OF THE SIGNING OF THIS COMPLAINT I HAVE NOT BEEN APPROVED TO BE TRANSFERRED TO NIC AND I CONTINUE TO SUFFER THE INDIGNITIES, MENTAL ANGUISH AND PHYSICAL DIFFICULTIES OF TRYING TO SURVIVE IN A CELL/DORM THAT IS NEITHER ~~EQUIPPED~~ EQUIPPED NOR DESIGNED TO ACCOMMODATE DETAINees WHO ARE LIVING WITH MOBILITY Disabilities.

CLAIM #2: INDIFFERENCE TO PLAINTIFF'S MEDICAL NEEDS  
 ON/ABOUT 6/2013 DURING A MEDICAL EVALUATION GIVEN TO ME BY DOCTORS AT Rikers Island (ARHC), I

informed Doctors that my prosthetic (Right Leg) was given me problems (Structural Damages, Loose Fitting, Poor Balance, etc.) and needed to be replaced. At that time I requested to see a Specialist to evaluate the condition of the prosthetic leg to determine its usefulness, and I also requested a walking cane to aid me in walking. On this and several future requests for the relief sought, I was repeatedly denied and instructed to put all my weight on the prosthetic leg when walking to facilitate balance and ~~walking~~ comfort. Over the next approx. 18 months the condition of the prosthetic leg continued to deteriorate, it was now broken, and was completely unserviceable.

During the entire period of time I continued to complain about the leg at Sick-call, <sup>and</sup> Grievances were filed relating to both claims, but were never answered. The latest Grievance was filed on 3/23/15. As a result of the condition of the prosthetic leg having gone unattended for the aforementioned 18 month period, my quality of life had become severely impaired. I suffered various physical injuries resulting from several falls after losing my balance and I soon



Lost the ability to walk without the aid of a cane. On about 10/15/14 I was examined by a prosthetic specialist. At the conclusion of the exam I was told by the doctor that the prosthetic leg was so severely damaged that it was now beyond repair, was unserviceable and presented a health risk and that a new prosthetic leg would have to be ordered (See Attached Medical Notes) from examining specialist, C. JASMINE MOORE, CPO).

## V. Relief:

State what relief you are seeking if you prevail on your complaint.

CLAIM # 1

a) ISSUE A DECLARATORY JUDGMENT ORDERING THE City of New York and the NYC Dept. of Correction to transfer me to A Facility (NIC) that is equipped and designed to accommodate DE-TAINED WITH MOBILITY DISABILITIES.

b) Considered MONEY DAMAGES for CLAIMS # 1 & 2, Below:

Compensatory: \$200,000.00

Pain/Suffering: \$650,000.00

Punitive: \$50,000.00

TOTAL: \$900,000.00

I declare under penalty of perjury that on 3/25/15, I delivered this  
(Date)  
complaint to prison authorities to be mailed to the United States District Court for the Eastern  
District of New York.

Signed this 23 day of MARCH, 2015. I declare under penalty of  
perjury that the foregoing is true and correct.

Francisco Flores

Signature of Plaintiff

Aikens Island (Amhe)

Name of Prison Facility

18-18 HAZEN ST.

E. CLINTON ST., NY 11370

Address

349-13-09437

Prisoner ID#



**REFERRAL**

## Consultation Request and Hospital Transfer Form

**Referral To Information:**

Specialty:  
 Provider Name: Internal (REF) DOC  
 Facility: Anna M. Kross Correctional Facility


**Patient Information:**

Patient: FRANCISCO FLORES  
 DOB: 06/10/1973  
 BookCase: 3491309437  
 NYSID: 06395574L  
 Facility: Anna M. Kross Correctional Facility  
 Housing Area: RR  
 MRN No:

**Referral From Information:**

Provider Name: Curt Walker, PA  
 Date and Time: 02/27/2015  
 Priority: Routine  
 Diagnosis: RI255 - PROSTHESIS ARM/LEG  
 Reason: broken prothetic/right le. need a cane x 21 days  
 Notes: Walker, Curt, PA 2/27/2015 3:04:29 PM > broken prothetic right le. need a cane x 21 days  
 Referral ID: 00000954754

**Consulting Physician Information:**

Date of Service: 2/27/15  
 Physician(Print Name): Raquel S. Murphy DO  
 Asst. Site Medical Director Physician Signature: 

Please place findings and recommendations below (use additional paper if necessary):



Francisco Flores  
10/15/14

The fabrication and fitting of an Above knee Prosthesis for Mr. Flores will take approximately 3 months. It will involve a series of fittings until maximum patient comfort is achieved. In addition to this static and dynamic alignment must be done to ensure safe ambulation. Please allow Mr. Flores to return as needed or requested.

---

C. Jasmine Moore, CPO  
certified Orthotist/Prosthetist



